

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/275	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name James E Moore	Name Northern WI Regional Council of Carpenters			
	Labor Organization File Number 035-751			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street N2216 Bodde Road	Street N2216 Bodde Road			
City Kaukauna	City Kaukauna			
State Wisconsin ZIP Code + 4 54130-9740	State Wisconsin ZIP Code + 4 54130-9740			
5. Position in labor organization. Executive Secretary-Treasurer.				
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.				
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street	7.b. Amount.			
City	·			
State ZIP Code + 4	\ <u>\</u>			
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed	On 3.30-06 920-996-2305			
	Date Telephone Number			

Name of Person Filing James Moore		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Dearborn Partners LLC			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 200 West Madison			
City Chicago]		
State Illinois ZIP Code + 4 60606			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name WI Carpenters Fringe Benefits Funds	Investment Committee	Meeting and Dinner 8/7/05	
Trade Name, if any:	7		
	-		
P.O. Box, Bldg., Room No., if any			
Street 1704 Devney Drive	11.b. Approximate dollar value o	f such dealing.	\$94
City Eau Claire	12.a. Nature of interest held or	income received.	
State Wisconsin ZIP Code + 4 54702]	*	
		1	
	12.b. Amount.		
C. Received from any employer (other than an employer covered ur	nder parts A and B above)		
or from any labor relations consultant to an employer any payment of mon	nder parts A and B above) ney or other thing of value.		
or from any labor relations consultant to an employer any payment of mon 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	ney or other thing of value.	·	, <u></u>
or from any labor relations consultant to an employer any payment of mon	ney or other thing of value.		
or from any labor relations consultant to an employer any payment of mon 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	ney or other thing of value.		
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or Consultant

13.b. Is the Business an Employer

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2005. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2005, I will file an amended Form LM-30.

Jeans & More. 3-30-06